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C-1. PROGRAM DESCRIPTION

C-1.1. OVERVIEW

C-1.1.1. The contractor shall provide claims processing and associated customer support services to claims submitted by and on behalf of Military Health System (MHS) beneficiaries who are eligible for both Medicare and TRICARE benefits, for services received in the United States and the District of Columbia. The contractor shall provide the expertise of medical and mental health care claims processing and its support services by incorporating and operating the best practices of the private sector in support of TRICARE. The contractor shall fulfill the objectives of the contract while complying with the scope and structure of TRICARE (benefits and beneficiary liabilities) and technical requirements. The contractor shall deliver all services in a manner that supports the TRICARE fully integrated health care delivery and financing system for all MHS beneficiaries. The contractor shall not underwrite health care costs.

C-1.2. PROGRAM INFORMATION

C-1.2.1. TRICARE is comprised of three health care options, Prime, Standard, and Extra. TRICARE Prime is similar to an HMO with a Point of Service Option and requires beneficiary enrollment. All Active Duty Service Members are TRICARE PRIME enrollees, although they are required to receive all care either in the Military Treatment Facility or under special rules that apply to Active Duty healthcare, further explained in the TRICARE Operations Manual, Chapter 16. Active Duty family members (except for E-1 to E-4 family members in Prime areas) may elect to enroll and are not required to pay an annual enrollment fee; other eligible beneficiaries pay an enrollment fee to enroll in TRICARE Prime. TRICARE Extra, which requires no enrollment, is an option in which the beneficiary may choose to use a provider in a TRICARE contractor-developed network, at a reduced cost-sharing for a particular instance of care, but is not restricted to use of the network. TRICARE Standard is a fee-for-service option, essentially the program formerly called Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), in which the beneficiary is free to use any authorized provider. The three options of TRICARE are described fully in 32 CFR Parts 199.17 and 199.18.

C-1.2.2. The MHS is organized into TRICARE Regions within the United States and extends into Europe and the Pacific. The TRICARE Dual Eligible Fiscal Intermediary Contractor (TDEFIC) shall process and pay medical and mental health claims for services delivered within the 50 United States and the District of Columbia for all beneficiaries who are eligible for both Medicare and TRICARE benefits. In addition, the contractor shall establish customer service activities that support the claims processing function and other administrative services traditionally associated with claims processing as described below.

C-1.2.3. This contract applies to active duty family members, retired members, their spouses and children and their surviving family members subject to the provisions of Chapter 55, Title 10, U.S.C of the Uniformed Services. The uniformed services include U.S. Army, the U.S. Navy, the U.S. Air Force, the U.S. Marine Corps, the U. S. Coast Guard, the Commissioned Corps of the Public Health Service and the Commissioned Corps of the National Oceanic and Atmospheric Administration. Determination of a person's eligibility status is the responsibility of the Uniformed Services.

C-2. STATEMENT OF OBJECTIVES

The purpose of this contract is to provide claims processing and related support services for persons with dual TRICARE and Medicare eligibility in support of the Department of Defense's TRICARE program. The role of the contractor is to assist the Defense Health Program in operating an integrated health care delivery system by providing claims assistance, and by processing specified TRICARE claims for payment.

C-2.1. The objectives of this contract are as follows:

C-2.1.1. Optimize the delivery of claims and customer services.

C-2.1.2. Establish and maintain beneficiary and provider satisfaction at the highest level possible throughout the period of performance, through the delivery of a world-class claims processing system as well as customer friendly program services.

C-2.1.3. Use a cost-effective management approach to provide the necessary services, incorporating commercial practices when practicable.

C-2.1.4. All services and systems are fully operational at the start of health care delivery. Disruption to beneficiaries is minimized.

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C-2.1.5. Ready access to data to support DOD's financial planning, health systems planning, medical resources management, clinical management, clinical research, and contract administration.

C-3. TECHNICAL REQUIREMENTS

C-3.1. The following provisions are incorporated by reference. The manuals and CFR 199 are located at:
www.tricare.osd.mil/manuals.

C-3.1.1. TRICARE Operations Manual 6010.51-M, August 1, 2002; through Change No. 1

C-3.1.2. TRICARE Policy Manual 6010.54-M, August 1, 2002; through Change No. 1

C-3.1.3. TRICARE Reimbursement Manual 6010.55-M, August 1, 2002; through Change No. 1

C-3.1.4. TRICARE Systems Manual 7950.1-M, August 1, 2002; through Change No. 1

C-3.1.5. 32 CFR 199

C-3.2. Provider Certification. All providers who receive reimbursement under this contract shall be TRICARE-authorized providers in accordance with the criteria set forth in 32 CFR 199.6. The contractor shall verify all providers' authorized status through the TRICARE Management Activity centralized Health Care Provider Record or, if not listed, shall obtain and maintain documentary evidence to certify that the provider meets the criteria set forth in 32 CFR 199.6 and the TRICARE Policy Manual. EXCEPTIONS: The contractor is not required to verify the provider's authorized status if TRICARE is not the primary payer and Medicare has accepted the claim as from an authorized provider. The National Quality Monitoring contractor will certify all Residential Treatment Centers (RTCs), Substance Use Disorder Rehabilitation Facilities (SUDRFs) and Psychiatric Partial Hospitalization Programs (PHPs) and the TDEFIC shall accept such certification as valid. The contractor shall submit information on all providers authorized by the contractor, to the TRICARE Management Activity centralized Health Care Provider Record system in accordance with the provisions of the TRICARE Systems Manual.

C-3.3. Claims. The following paragraphs relate to claims processing:

C-3.3.1. The contractor shall ensure that TRICARE claims/encounters (including adjustments) are timely and accurately adjudicated based on the timeliness and quality standards of the TRICARE Operations Manual, Chapter 1, Section 3.

C-3.3.2. Nationally recognized paper claim forms (UB-92, HCFA 1500s, and their successors) shall be accepted for processing. Standardized electronic transactions and code sets as required by the Administrative Simplification section of the Health Insurance Portability and Accountability Act (HIPAA) shall be accepted.

C-3.3.3. The contractor's claims/encounter processing system shall interface with and accurately determine eligibility and enrollment status based on the Defense Enrollment Eligibility Reporting System (DEERS) in accordance with the TRICARE Systems Manual.

C-3.3.4. The contractor's claims processing/encounter system shall accurately process claims in accordance with the TRICARE benefit policy as delineated in 32 CFR Part 199.4 and 199.5 and the TRICARE Policy Manual.

C-3.3.4.1. The contractor's claims processing/encounter system shall accurately process claims in accordance with the program authorizations (e.g., Program For Persons With Disabilities (PFPWD), inpatient mental health, outpatient mental health visits greater than 8, and adjunctive dental) received from the Managed Care Support contractor and issued while the patient was under the jurisdiction of the Managed Care Support contractor.

C-3.3.5. The contractor's claims processing/encounter system shall correctly apply deductible, copay/coinsurance, cost-shares, catastrophic cap, and point-of-service provisions in accordance with the TRICARE benefit policy as delineated in 32 CFR Part 199.4 and 199.5, 199.17 and 199.18 and the TRICARE Policy Manual.

C-3.3.6. The contractor's claims/encounter processing system shall accurately coordinate benefits with other health insurance to which the beneficiary is entitled as required by 32 CFR 199.8, and the TRICARE Reimbursement Manual.

C-3.3.7. Claims requiring additional information may be returned or developed for the missing information. The contractor shall ensure that all required information is requested with the initial return or development action and that no

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claim/encounter is returned/developed for information that could have been obtained internally or from DEERS. The contractor shall ensure that an adequate audit trail is maintained for all returned or development claims.

C-3.3.8. The contractor shall provide to each beneficiary and each participating provider an Explanation of Benefits (EOB) that describes the action taken on claims. The EOB must clearly describe the action taken on the claim or claims, provide information regarding appeal rights, including the address for filing an appeal, information on the deductible and catastrophic cap status following processing and sufficient information to allow a beneficiary to file a claim with a supplemental insurance carrier. The contractor shall, without charge to the beneficiary and within 5 calendar days of receiving a request (written, verbal, electronic) for an EOB from a beneficiary, regardless of their status, mail the requested EOB. At the option of the provider, ASC X12N 835 remittance advices shall be provided.

C-3.3.8.1. The contractor shall suppress EOBs when appropriate, in accordance with the TRICARE Operations Manual, Chapter 8, Section 8.

C-3.3.9. The contractor shall ensure claims received more than 12 months after the date of service are denied unless the requirements contained in 32 CFR 199.7 are met.

C-3.3.10. The contractor shall accurately adjudicate claims under the Program for Persons with Disabilities and the special programs listed in the TRICARE Policy Manual and 32 CFR 199.5

C-3.3.11. The contractor shall accurately identify and adjudicate claims involving third party liability (TPL) and worker's compensation (WC), as required by the TRICARE Operations Manual, Chapter 11.

C-3.3.12. The contractor shall accurately reimburse provider claims in accordance with applicable statutory (Chapter 55, Title 10, United States Code) and regulatory provisions (32 CFR 199.14), and implementing instructions in the TRICARE Reimbursement Manual.

C-3.3.13. The contractor shall not process a claim from any civilian provider practicing in an MTF under the Resource Sharing or Resource Support programs.

C-3.4. Claim Review. The contractor shall not pay claims without ensuring that the services rendered are TRICARE benefits.

C-3.5. Automated Information System (AIS). The contractor shall establish, maintain, and monitor an automated information system to ensure claims are processed in an accurate and timely manner, and meet the functional system requirements as set forth in the technical requirements, TRICARE Operations Manual, and the TRICARE Systems Manual.

C-3.5.1. Until the pertinent DOD website is functional, TMA will send CD's with the applicable information (MHS Enterprise Architecture, Version 1.0 dated 01 April 2002) to any interested party upon request.

C-3.5.1.1. The contractor shall utilize an efficient and effective local and wide-area voice communication network to support customer service operations and other contract requirements that specify telephone usage and access.

C-3.5.1.2. The contractor shall interoperate as necessary with the Government wide-area network and medical treatment facility local area networks as described in the MHS Technical Architecture.

C-3.5.2. The contractor shall establish, maintain, and monitor information management capability, or interoperate with or use Government furnished automated information systems (AIS), to support aspects of the following TRICARE functions: claims processing, program administration, beneficiary services, finance, and other health insurance (OHI).

C-3.5.2.1. The contractor shall perform eligibility verification according to the TRICARE Systems Manual, Chapter 3.

C-3.5.2.2. The contractor shall establish, maintain, and monitor an AIS to ensure claims are processed in an accurate and timely manner and meet the functional requirements of claims processing as set forth in the technical requirements, TRICARE Operations Manual and the TRICARE Systems Manual. The claims processing system shall be a single database. The contractor shall provide, maintain and monitor an AIS for purposes of providing claims payment record information, and making available the data required by this contract.

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C-3.5.2.3. The contractor shall establish, maintain, and monitor an AIS in accordance with the DoD MHS Technical Architecture and will provide the Government highly reliable and timely access to the data through the data repository.

C-3.5.2.4. The contractor shall establish, maintain, monitor and utilize its AIS to perform efficient and effective program administration and surveillance and meet TRICARE objectives (See Section C-2). This AIS shall provide data to, and/or interoperate with the contractor data repository.

C-3.5.2.5. The contractor shall establish, maintain, monitor and utilize its AIS to perform efficient and effective customer services and meet TRICARE objectives (See Section C-2). This AIS shall provide data to, and/or interoperate with the contractor data repository.

C-3.5.2.6. The contractor shall establish, maintain, monitor and utilize its AIS to collect and report financial management information, and meet TRICARE objectives (See Section C-2). This AIS shall provide data to, and/or interoperate with the contractor data repository.

C-3.5.2.7. The contractor shall establish, maintain, and monitor an AIS that meets the functional requirements of the TRICARE Operations Manual, and the TRICARE Systems Manual to ensure TRICARE catastrophic cap limits and health plan deductibles are processed in an accurate and timely manner, and are communicated between the contractor's AIS and DEERS.

C-3.5.2.8. The contractor shall establish, maintain, and monitor an AIS that meets the functional requirements of the TRICARE Operations Manual, and the TRICARE Systems Manual to ensure other health insurance (OHI) data in addition to Medicare are processed in an accurate and timely manner.

C-3.5.2.9. The contractor shall establish, maintain, monitor and utilize its own AIS to adjudicate claims, collect and report claims processing information, and meet TRICARE functional requirements. This AIS shall provide data to, and/or interoperate with the contractor data repository.

C-3.5.3. The contractor shall establish, maintain, update, and make accessible a data repository that assures timely and reliable electronic access for Government-designated individuals. Minimum access shall include two authorizations at each MTF, ten authorizations at each Surgeon General's Office, two authorizations at Health Affairs, two authorizations at TMA-Washington, two authorizations at TMA-Aurora, and authorization(s) (not to exceed two) for on-site Government representatives. Access requires ongoing user training and support, software with user friendly ad hoc query capability, report generation ability, and export capability on industry-standard platforms and in universally accepted formats.

C-3.5.3.1. The contractor shall provide the Government with access to the contractor's full set of data associated with TRICARE. The Government shall be able to access the data at the beneficiary, provider and institutional level. As a minimum, the repository shall include data concerning claims processing, program administration, beneficiary satisfaction and services, and financial.

C-3.5.3.2. The contractor shall provide the Government with a data dictionary of the data repository, organized by data categories of claims review, claims processing, program integrity, program administration, beneficiary satisfaction and services, and finance.

C-3.5.4. The contractor shall develop a continuous data quality management program for contractor data.

C-3.5.5. Personnel Security. The Government shall coordinate with the contractor to initiate and document all activities necessary to ensure compliance with the Personnel Security Program. All contractor employees with access to Government systems must be designated ADP level I, II, or III and complete the appropriate background check as described in Appendix K to DoD 5200.2-R. (Section J, Attachment J-1)

C-3.5.5.1. System Security. The contractor shall acquire, develop and maintain the DoD Information Technology Security Certification and Accreditation Process (DITSCAP) documentation to ensure both initial and continued DITSCAP Certification and Accreditation (C&A) for all contractor systems/networks processing or accessing Government sensitive but unclassified (SBU) data. In addition, the contractor shall modify the DITSCAP documentation as needed to address how identified security risks were addressed and mitigated. The contractor shall cooperate with and assist the Government's (MHS) DITSCAP C&A Team during all phases of the C&A process by providing documentation in accordance with the MHS DITSCAP C&A team schedule. The contractor shall also put in place processes that provide and ensure at least a TCSEC C2 level of security protection for any Government-owned contractor-operated (GOCO) and/or contractor-owned

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contractor-operated (COCO) systems/networks that process MHS SBU information. These requirements are further defined in DoD 5200.40 (DITSCAP) and Section J, Attachments J-2, J-3, and J-4.

C-3.5.5.2. The contractor shall comply with DoD Minimum Security Requirements (DoD Directive 5200.28), C2 Requirements (DoD Directive 5200.28-STD), Privacy Act Program Requirements (DoD 5400.11), Personnel Security Program (5200.2-R) and the MHS AIS Security Policy Manual. The contractor shall also comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requirements, specifically the administrative simplification provisions of the law and the associated rules and regulations published by the Secretary, Health and Human Services (HHS), the DoD Health Information Privacy Regulation (DoD 6025.LL-R) and the published TMA implementation directions. This includes the Standards for Electronic Transactions and the Standards for Privacy of Individually Identifiable Health Information. The contractor shall comply with all HIPAA-related rules and regulations as they are currently published and as TMA requirements are defined (including security standards, identifiers for providers, employers, health plans, and individuals, and standards for claims attachment transactions).

C-3.5.5.3. The contractor shall ensure that all electronic transactions, for which a standard has been designated, comply with HIPAA rules and regulations and TMA requirements. The Standards for Electronic Transactions apply to all health plans, all health care clearinghouses, and all health care providers that electronically transmit any of the electronic transactions for which a standard has been adopted by the Secretary, HHS. Electronic transmission includes transmission using all media, even when the transmission is physically moved from one location to another using magnetic tape, disk or CD media. Transmission over the Internet, Extranet, leased lines, dial-up lines and private networks are all included. Transmissions of covered data content via telephone conversations, fax machines, and voice response systems are not covered by the Standards for Electronic Transactions, however privacy and security requirements apply to these transmissions. Health plans and other covered entities conducting transactions through business associates must assure that the business associates comply with all HIPAA requirements that apply to the health plans or covered entities themselves.

C-3.5.6. The contractor shall, as one means of electronic claims submission, establish and operate a system for two-way, real time interactive Internet Based Claims Processing (IBCP) by providing web based connectivity to the claims/encounter processing system for both institutional and non-institutional claims processing.

- This IBCP system shall provide immediate eligibility verification by connectivity to DEERS and provide current deductible, Catastrophic Cap, and cost share/co-payment information to the provider on-line by connectivity to the DEERS catastrophic loss protection function and connectivity to the authorization system.
- The IBCP system shall comply with Department of Defense Information Technology Security Certification and Accreditation process (DITSCAP) and encryption requirements. The contractor shall regularly update the IBCP system as encryption security protocols evolves.

C-3.5.7. The contractor shall furnish the DoD TRICARE Operations Center and all Health Benefits Advisors and Beneficiary Counseling and Assistance Coordinators located in each region with read only access to claims data. The contractor shall provide training and ongoing customer support for this access.

C-3.6. Finance. The contractor shall accurately capture and report TRICARE encounter data (TED) related to claims adjudication in accordance with the provisions of the TRICARE Systems Manual and shall ensure the standards contained in this contract are achieved according to the TRICARE Operations Manual, Chapter 1, Section 3. All TED records shall comply with the information management requirements of this contract and shall be reported in compliance with the following standards:

C-3.6.1. The contractor shall comply with the provisions of the TRICARE Operations Manual, Chapter 3, regarding financial administration.

C-7. Management. The contractor shall establish and maintain sufficient staffing and management support to meet the requirements of this contract and comply with all management standards in the TRICARE Operations Manual, Chapter 1, Section 3.

C-3.7.1. The contractor shall establish and continuously operate an internal quality management/quality improvement program covering every aspect of the contractor's operation, both clinically and administratively. The contractor shall also comply with the Clinical Quality Management requirements of the TRICARE Operations Manual, Chapter 7, and the vulnerability assessment requirements of the TRICARE Operations Manual, Chapter 1.

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C-3.7.2. The contractor and each first tier subcontractor shall provide full-time office space and support services to any Government representative (not to exceed two) temporarily on site, equivalent to and in the proximity of the senior management of the contractor or first tier subcontractor. This shall include a private, lockable office; all appropriate office furnishings and supplies; clerical/secretarial support comparable to the senior managers of the contractor/subcontractor; a personal computer with e-mail and World Wide Web access; printer; telephone instrument with unlimited capability; and technical support available to any senior manager.

C-3.7.3. The contractor shall comply with the records management provisions of the TRICARE Operations Manual, Chapter 2.

C-3.7.4. The contractor shall implement processes and procedures that ensure full compliance with the most current version of the President's Advisory Commission on Consumer Protection and Quality in the Health Care Industry's Consumer Bill of Rights and Responsibilities. (See http://www.hcqualitycommission.gov/final/append_a.html.)

C-3.7.5. All beneficiary records used in any way by the contractor must be protected as required by the Freedom of Information Act, the Privacy Act of 1974, the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act, and the Health Insurance Portability and Accountability Act of 1996. Beneficiary records must be protected, in terms of privacy and security, during use, transmission, storage, destruction, and handling. All beneficiary records used during the execution of this contract must be maintained, transferred, stored, and destroyed in accordance with the TRICARE Operations Manual, Chapter 2. Beneficiary records can not be used for any other purpose not related to the contract.

C-3.7.6. The contractor shall develop a process to ensure access to all data associated with MHS beneficiaries is available to the Government and to the contractor's customer service personnel at program start-up and through the phase-out of the contract. A process will be established for transfer of this data and be in place and operational prior to the end of the contract.

C-3.8. Beneficiary and Provider Services. The contractor shall comply with all the beneficiary and provider service standards in the TRICARE Operations Manual, Chapter 1, Section 3.

C-3.8.1. Educational material used by the contractor as part of the TRICARE beneficiary education program will be provided by the Office of Communications & Customer Service (TMA). The Office of Communications & Customer Service (TMA) and the TRICARE Education and Marketing contractor will supply the contractor with the beneficiary education materials. The Government's intent is to have a common "look and feel" to all informational material provided to beneficiaries across the country. The contractor will provide an initial mailing of the materials to the beneficiaries. These materials and addresses will be provided to the contractor by the Government and/or the TRICARE Marketing and Education contractor.

C-3.8.2. All technology based customer services (for instance World Wide Web based services) shall be provided using current, evidence based, information.

C-3.8.3. All customer services shall be available through a single, nationally accessible telephone number. Although the use of automated response systems is permissible, callers shall be offered the option of speaking with a customer service representative during business hours.

C-3.8.4. The contractor shall establish twenty-four hour, seven days a week, nationally accessible (to include Hawaii and Alaska) telephone service, without long distance charges.

C-3.8.5. The contractor shall perform the following customer service functions during normal business hours for each affected time zone.

C-3.8.5.1. General information services shall be provided during normal business hours.

C-3.8.5.2. Trained and professional staff shall provide pleasant, consistent, accurate, and responsive customer service during all contacts with beneficiaries and providers.

C-3.8.5.3. Responsive claims complaint resolution processes and follow up shall be provided during normal business hours.

C-3.8.6. The contractor shall operate a telephone automated voice response that allows provider access to information on the status of claims filed by that provider, and patient access to information on the status of claims filed by or on behalf of that patient. This requirement is in addition to any Internet access offered by the contractor.

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C-3.8.7. The contractor shall provide comprehensive, readily accessible customer services that includes multiple, contemporary avenues of access (e.g. e-mail, worldwide web, telephone, facsimile) for the beneficiary. Customer services shall be delivered in a manner that achieves the objectives of this contract without charge to beneficiaries or providers.

C-3.8.8. The contractor shall perform all customer service functions with knowledgeable, courteous, responsive staff.

C-3.9. Appeals. The contractor shall ensure that appeal requests are properly handled and timely pursued as defined in 32 CFR 199.10 following the instructions in the TRICARE Operations Manual, Chapter 9 and the standards in the TRICARE Operations Manual, Chapter 1, Section 3.

C-3.10. Program Integrity. The contractor shall ensure that instances of fraud and abuse, as defined in 32 CFR 199.9, are minimized, promptly identified and aggressively pursued and resolved.

C-3.10.1. In accordance with 32 CFR 199.9 and the TRICARE Operations Manual, Chapter 14, the contractor shall ensure appropriate identification and referral of potential cases of fraud and/or abuse, and provide support in the Government's investigation and resolution of potential fraud and/or abuse cases, including provider exclusions, suspensions, terminations, and reinstatements.

C-3.11. Transitions. Upon the award of the contract, the contractor shall comply with the start-up and transitional requirements of the TRICARE Operations Manual, Chapter 22, section 5.

C-3.11.1. The contractor shall provide ongoing collaboration with the Government to ensure that the appropriate Government personnel, as identified in the Transition Plan, are kept informed of start up and transition progress. The frequency, type, and nature of communication shall be based on the task and involvement of the Government. Any commonly utilized form of business communication (e.g. telephonic, email) is acceptable to the Government.

C-3.11.2. The contractor will mail introductory material (provided by the Marketing and Education contractor) to all beneficiary households with claims activity since 1 October 2001 no later than 30 days before start work. This means mailings to beneficiaries in each former Region will be mailed within 15 days after receipt from the Marketing and Education contractor. The Government will supply the addresses to the contractor.

C-3.11.2.1. At midnight on the last day of this contract, the contractor shall assign its rights to the toll-free telephone number to the incoming contractor.

C-3.11.3. At the conclusion of this contract, the contractor shall meet with and provide to the successor contractor and/or the Government the information necessary to facilitate a seamless transition in accordance with the TRICARE Operations Manual, Chapter 1, and any additional information agreed to by the parties.

C-3.12. Interfaces. The following paragraphs relate to interfacing and cooperating with and between the TRICARE Management Activity, the Regional Directors, the MTFs, and the other TRICARE contractors.

C-3.12.1. The contractor's claim processing system shall continually accept program authorizations (PFPWD, inpatient mental health, outpatient mental health visits greater than 8, adjunctive dental) from the Managed Care Support contractors (MCSC) using ASC X12N278 format. The contractor shall honor these authorizations unless the care authorization is not a program benefit (exception is certain services authorized under case management guidelines). Any differences of opinion between the MCSC and TDEFIC shall be resolved based on the mutually agreed to resolution protocols established during the transition in and/or transition out periods.

C-3.12.2. The contractor is required to maintain a supply of all current educational material produced by the Marketing/Education contractor. This information shall be furnished by the TDEFIC contractor upon request to individuals and medical institutions whether through mail or other delivery means. The contractor is not required to honor bulk requests, and may refer those requestors to the Marketing/Education contractor.

C-3.12.3. The contractor shall comply with the provisions of the TRICARE Operations Manual, Chapter 7 regarding coordination and interaction with the national Quality Monitoring Contractor (NQMC).